

**Nebraska Public Employees Retirement Systems**

1221 N Street, Suite 325

P.O. Box 94816

Lincoln, NE 68509

402-471-2053

800-245-5712

Fax: 402-471-9493

Name Last First Middle		Date of Birth - -	Plan Type (Check One)  <input type="checkbox"/> State  <input type="checkbox"/> County
Social Security Number - -		Retirement Number	
Address City State Zip			
Home Phone	Work Phone	Employer	

**Repayment of Refund – Method of Payment**

I will repay \$ \_\_\_\_\_ with payment(s) to begin on \_\_\_\_\_.  
Date

Please complete the section below which applies to your repayment:

**Mandatory Repayment of Refund**

(Complete this section if you are returning to employment within 120 days of last termination of employment)

- |   |           |   |
|---|-----------|---|
| <input type="checkbox"/> LUMP SUM PAYMENT<br>BY WAY OF:<br><input type="checkbox"/> DIRECT PAYMENT (AFTER TAX)<br><input type="checkbox"/> QUALIFIED ROLLOVER (PRE-TAX) | <b>OR</b> | <input type="checkbox"/> INSTALLMENT PAYMENTS<br>OVER:<br><input type="checkbox"/> 12 MONTHS <input type="checkbox"/> 18 MONTHS<br><input type="checkbox"/> OTHER (please specify) _____<br>(If "other", payment must be completed<br>within two years of your re-employment) |
|---|-----------|---|

**Voluntary Repayment of Refund**

(Complete this section if you are returning to employment after 120 days of your last termination, but before five years after that date.)

- |   |           |  |
|---|-----------|--|
| <input type="checkbox"/> LUMP SUM PAYMENT<br>BY WAY OF:<br><input type="checkbox"/> DIRECT PAYMENT (AFTER TAX)<br><input type="checkbox"/> QUALIFIED ROLLOVER (PRE-TAX) | <b>OR</b> | <input type="checkbox"/> INSTALLMENT PAYMENTS<br>OVER:<br><input type="checkbox"/> 12 MONTHS <input type="checkbox"/> 18 MONTHS<br><input type="checkbox"/> 24 MONTHS <input type="checkbox"/> OTHER<br>If other, please specify _____<br>(If "other", payment must be completed<br>within five years of your re-employment) |
|---|-----------|--|

The undersigned have executed this agreement this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Signature of Employee)

\_\_\_\_\_  
(Signature of Employer)

Accepted and agreed to:

NEBRASKA PUBLIC EMPLOYEES RETIREMENT SYSTEM

By: \_\_\_\_\_

Title: \_\_\_\_\_

If you have chosen to repay your refund by way of a direct rollover from a qualified plan or IRA, please complete the enclosed Rollover from Tax-Deferred Account form and return the form with the check to our office.